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MULTIPLE DEPENDENT CLAIM SERIAL NO. FEE CALCULATION SHEET PILING DATE (FOR USE WITH FORM PTO-875) APPLICARTIS CLAIMS AS FILED AFTER AFTER I AMENDMENT 2 MAMENDMENT AFTER AS FILED IND. DEP. AFTER IND. 1<sup>d</sup> amendment DEP. IND. DEP. 2 AMENDMENT IND. DEP. IND. DEP. END. DEP. 3 52 4 53 54 6 <u>55</u> 56 8 57 9 58 10 59 N N 60 12 61 13 62 -14 63 115 64 16 65 17 66 18 67 19 68 20 69 21 70 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 71 72 73 74 75 76 77 <del>78</del> 79 80 81 82 83 84 85 86 38 87 <u>39</u>. 88 40 89 41 90 42 91 43 92 44 93 15 94 16 95 17 96 18 97 19 98 99 100 L IND. Û 1 Û TOTAL IND (A) A LØER Û TAIL TOTAL DEP LMS TOTAL CLAIMS -1360 (REV. 11/04) U.S. DEPARTMENT of COMMERCE